

**Public Health Improvement Task Force
Organizational Structure
Revised 6/17/04**

Introduction

A primary focus of the Public Health Improvement Task Force has been the development of the Strategic Plan for Public Health Improvement. With the plan now adopted, the focus is on the implementation of the Strategic Plan.

With the change in focus, this is an ideal time to re-evaluate and to formalize the Task Force structure. As the Montana Public Health System evolves, the responsibilities of the Task Force will be adjusted.

The public health system includes many stakeholders. The perspective and input of the system's stakeholders will be valued and included in the Task Force work.

Purpose

The Public Health Improvement Task Force will:

- Assure the implementation of the Strategic Plan for Public Health Improvement;
- Provide recommendations to state and local agencies regarding public health improvement issues;
- Evaluate Montana's progress in implementing the Strategic Plan for Public Health Improvement and other public health improvement efforts.
- Advocate for public health system improvement efforts.

Appointment, terms and composition

Appointment

Appointment to the Public Health Improvement Task Force will be made by the Director of the Department of Public Health and Human Services from recommendations of the constituent organizations or if none exists from a constituency. An alternate member (delegate) may be recommended by the constituency organization.

Terms of office

Members shall be appointed for three (3) year staggered terms.

Reevaluation

At the end of three years, the work of the Task Force will be re-evaluated. As the public health improvement system evolves and matures, the role, function and structure of the Task Force may change substantially or it may be replaced by another council, which is defined as an integral component of the public health system.

Operating principles

Task Force members will be responsible for soliciting input from their constituency and to be a conduit of information between their constituency and the Task Force. Task Force members will be expected to attend quarterly meetings of the Task Force. If a member or their delegate ceases to be actively involved with the Task Force, the Executive Committee may suggest to the Director that their membership be terminated. The organization/constituency will be asked to nominate another representative. This will assure that communications is maximized between the Task Force and public health system members and that each constituency continues to be actively represented.

- The Task Force will be co-chaired by the Administrator of the Public Health and Safety Division of the Department of Public Health and Human Services and a local health officer to be appointed by DPHHS director.
- The DPHHS will provide staff support to the Task Force and the Task Force committees.

Composition

The composition of the Task Force shall be limited to fifteen (15) members including:

- Administrator of the Public Health and Safety Division, DPHHS
- Local health officer to be appointed by the DPHHS director
- Department of Environmental Quality;
- Montana Environmental Health Association;
- Montana Public Health Association;
- Local public health department serving population of more than 20,000;
- Local public health department serving population between 10,000 and 20,000;
- Local public health department serving population less than 10,000;
- Local Board of Health member;
- Montana Association of Counties;
- Billings Area Indian Health Service;
- Tribal Health Department;
- Montana Primary Care Association

- Montana Public Health Emergency Preparedness Advisory Committee
- Public Health Informatics Advisory Committee

NOTE: Non-traditional members of the public health system are an integral component of the system and will be involved through the committee structure and other avenues of public input.

Committees – General Principles

- Committees are a valuable adjunct to the Public Health Improvement Task Force. They will be established by the Task Force when the time necessary to formulate recommendations on an issue is beyond that reasonably available to the Task Force and when specialized expertise outside the Task Force is needed.
- Each committee will be composed of members of the Public Health Improvement Task Force and other organizations/constituencies pertinent to the functions of the committee. The membership shall be determined by the Executive Committee from the recommendations of the committee and Task Force.
- Each committee will be chaired by a member of the Public Health Improvement Task Force.
- Each committee will report to and be accountable to the Public Health Improvement Task Force. Minutes of committee meetings will be submitted to the Task Force.
- Committees will be dissolved when their assignments have been completed.
- The DPHHS will provide staff support to the committees.

Committees

The following committees will be established immediately. Additional committees to address other key public health system strategic directions such as marketing and resources will be considered as needed.

Executive Committee

Composition

1. Two (2) co-chairpersons of the Public Health Improvement Task Force;
2. Chairs of the Task Force committees;
3. Chair of the Public Health Emergency Preparedness Advisory Committee (PHEPAC).

Functions

1. Manage the business of the Public Health Improvement Task Force between Task Force meetings;
2. Establish an agenda for each Public Health Improvement Task Force meeting;
3. Make appointments to committees;
4. Assure the coordination of issues which arise among the committees.

Blueprint and Standards/Accountability Committee

Composition

1. To be determined by the Executive Committee.
2. Chair of the committee will be selected by the committee and must be a Task Force member.

Functions

1. Develop a working model (blueprint) for public health system integration and coordination;
2. Make recommendations for implementation of the public health system blueprint;
3. Develop a system of public health performance standards and guidelines based on the core functions and essential services of public health, reflecting the diversity of Montana's communities;
4. Assure the blueprint and the public health standards are carefully integrated;
5. Make recommendations concerning performance management integrating the recommendations made by the performance management collaborative.

6. Select a representative to the National Turning Point Performance Management Collaborative.

Workforce Improvement Committee

Composition

1. To be determined by the Executive Committee.
2. Chair of the committee will be selected by the committee and must be a Task Force member.

Functions

1. Oversee the development of the Public Health Training Institute and advise on training modalities, curriculum offerings and institutional financial support;
2. Make recommendations for developing and maintaining a public health training program that is coordinated among system members and is based on best practices, professional competencies and performance standards;
3. Make recommendations regarding the development and use of information technology (including distance learning) to enhance system communication, employee productivity and training;
4. Make recommendations regarding updating career enhancement for the public health system.
5. Select a representative for the Northwest Regional Network for Public Health Workforce Development.

Public Health Informatics Committee

Composition

1. To be determined by the Executive Committee
2. Chair of the committee will be selected by the committee and must be a Task Force member

Functions

1. Act as a state-level coalition of stakeholders to promote integration of separate public health applications and child health information systems within the context of ongoing national initiatives such as NHII (National Health Information Infrastructure and PHIN (Public Health Information Network)).

2. Develop the business and policy cases for integrated public health information systems.
3. Develop agreement on standards for collecting and transferring public health information. .
4. Examine the role of leadership and governance in aligning informatics strategy with local agency strategy, improve familiarity of public health executives with Information Technology (IT) to help in decision-making regarding IT investments.
5. Make recommendations concerning performance management supportive of collaborative opportunities for infrastructure building/sharing at the state-to-local and local-to-local organizational levels.

The Public Health Improvement Task Force will review this document annually. The most recent review of this document was June 28, 2004